

Exploring Representation and Access in the Health and Physical Literacy Workplace: A Pilot Study

Author Information

K-Lynn McKey¹, Charity Bryan², Jacqueline Thring², Penny Edwards³, Alex X. Martinez³

¹ *University of Louisiana at Lafayette, Lafayette, USA*

² *Southeastern Louisiana University, Hammond, USA*

³ *National Center on Health, Physical Activity and Disability, School of Health Professions, University of Alabama at Birmingham, Birmingham, AL, USA*

Corresponding Author:

K-Lynn McKey

Email: k-lynn.mckey@louisiana.edu

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ABSTRACT

Purpose: The purpose of this study was to gain a deeper understanding of health and physical literacy (HPL) professionals' viewpoints as they relate to equity, diversity, and inclusion (EDI) in their respective work environments.

Methods: A survey was disseminated to HPL professionals via email, social media platforms, or QR code during professional development workshops in 2022. Survey items assessed personal definitions of EDI and workplace environment as it relates to equity, diversity, and inclusion efforts. Data collection concluded in Fall 2023. **Results:** Results showed that respondents (n = 85-93, depending on item) identified that equity, diversity, and inclusion were not the same constructs (76%); the majority of employees defined inclusion as "including all" (60%); and that HPL professionals believe that their workplaces do address a diverse group of individuals as it relates to ethnicity, gender identity, age, disability, sexual orientation, education, and religion (48%). **Conclusion:** For this population of HPL professionals, EDI appears to be integrated into the workplace to provide inclusive environments, promote equity, and welcome diverse employees to the workforce. The results of this study can be used to start conversations around action planning for the future to help address areas of concern as it relates to EDI in the HPL workplace.

Keywords: Equity, Diversity, Inclusion, Policy, Workplace

1. INTRODUCTION

Workplace focus on Equity, Diversity, and Inclusion (EDI) initiatives span the last several decades, and the evolution of EDI appears to be reactive to historical events that highlight inequalities experienced by marginalized groups in societal integration. Pivotal turning points that heightened the importance of EDI work as we know it today were the high-profile incidents highlighting systemic inequities (i.e., George Floyd, Breonna Taylor, and Eric Garner; Yeo & Jeon, 2023). The deaths of these individuals served as a catalyst for conversations to address the police protocols that were enacted resulting in the death of the citizens involved. As a result, the George Floyd Justice in Policing Act of 2021 was signed into law (Madzima & MacIntosh, 2021) to provide a comprehensive approach to holding police accountable when injustice and prejudiced practices are employed by law enforcement agencies during their interactions with civilians (Bass, 2021).

The model of EDI and its foundation stems from historical movements in the United States that advocated for equal rights and opportunities for marginalized groups. The Civil Rights Movement laid the groundwork for discussions around equity and inclusion across various sectors, including education, employment, and public services (Milem, et. al., 2005). The Women's Rights Movement fought for gender equality, challenging discriminatory practices in the workplace, education, and society at large (Edmunds, 2021). The Disability Rights Movement, driven by individuals with disabilities, led to significant legal and societal changes, including the passage of the Americans with Disabilities Act (ADA) in 1990. This legislation aims to ensure equal rights and opportunities for people with disabilities in all aspects of life. These movements profoundly impacted the quality of life of the groups represented (Hahn, et. al., 2018).

Demographic shifts in the United States, and globalization across the world, influence societal institutions to address diversity and to understand how intersectionality interacts with the lived experience of individuals in society (Society for Diversity, n.d.). In the last several decades, companies and institutions began implementing initiatives focused on recruitment, retention, and promotion of underrepresented groups, and, more recently, the focus of these efforts expanded beyond diversity to also include equity and inclusion (Yeo & Jeon, 2023). This new emphasis recognized that having diverse representation was not enough and that the creation of inclusive environments where all individuals feel valued, respected, and supported was needed. Currently, EDI as a construct continues to evolve and new movements continue to surface and shape the way that EDI initiatives are researched, planned, and implemented.

Many organizations have aligned EDI initiatives and programming to their own mission and value statements (Seijts & Milani, 2022). Despite the longevity of EDI and the recent attention EDI has received, there is no universal consensus on what EDI means. The definitions of these constructs and the impacts of EDI on work environments and society seem unknown. Furthermore, the inconsistent definitions of equity, diversity, and inclusion can be confusing, and may vary across individuals and organizations rather than consensus regarding their meaning. The lack of understanding of EDI constructs conflates the understanding of EDI as a whole, negating, as some have noted, the benefits of EDI initiatives and efforts (Gaudio, 2023). The inconsistency in definition and meaning could be a factor driving the recent criticisms that EDI has experienced. Consequently, many private industries and public institutions have cut funds and positions that engage in diversity, equity, and inclusion-related work.

Nationally, there has been some conflict surrounding conversations and policies regarding EDI as several companies and public universities have eliminated specific offices or positions aligned with EDI (Anders, 2023; Ashmelash, 2023). Additionally, several states have introduced policies to further diminish or eliminate EDI programming throughout schools and programs that receive state or federal funding (Bryant & Appleby, 2024). Moreover, there has been an increase in legislative efforts to discourage or eliminate EDI efforts. State legislators in 15 different states have proposed 24 separate bills with the intent to cancel, or propose cancelling, EDI initiatives (Fairbunk, 2024). While some of these bills are still being debated, many have been passed into state law. It is unclear what the future of EDI looks like, though it appears there is a need to investigate how organizations involved in health and physical literacy can support EDI initiatives by clearly defining EDI, understanding how EDI is perceived by its constituents, recognizing the benefits that EDI offers to marginalized groups, understanding the historical background of EDI, and creating meaningful resources to facilitate and promote EDI initiatives in local communities.

Recently, the definition for EDI was removed from the United States Department of Health and Human Services website as well as other of the federal websites as mandated by executive order 14151. However, other definitions exist and all were utilized and served as springboards of discussion for The National Academy of Health and Physical Literacy (NAHPL; The Academy) to develop a mission statement and definitions for related terms. For example, Healthy People 2020 states that “achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” Though other sources were utilized to help guide the discussion and creation of EDI

definitions for the NAHPL, the organization's goal through this process was to utilize member and board feedback to present information representative of input from all stakeholders.

The NAHPL is a diverse organization that seeks to advance health and physical literacy in K-12 schools, higher education, and dance and sports venues. The NAHPL mission statement states that the organization, "is a diverse, inclusive, member-driven organization advancing the dimensions of health and physical literacy through professional development, advocacy, mentoring, and applied research" (NAHPL, n.d.). This study aims to examine how health and physical literacy professionals define EDI, and the perceived level of support EDI initiatives receive in their respective work environments. Additionally, this study will examine if alignment exists in the definitions of EDI from survey participants. The study will also examine the definitions constructed by the NAHPL Equity, Diversity, and Inclusion standing committee. Though EDI definitions may vary, The Academy created the committee to initially establish what these terms mean to the organization. The EDI Committee efforts led to the following definitions:

- Equity: *Provide consistent fairness in opportunities for all members.*
- Diversity: *Acknowledge, support, and value differences.*
- Inclusion: *Provide access to opportunities and resources for individuals as their authentic selves.*

These definitions guided the research team in developing an EDI survey for the organization; creating and providing relevant and impactful EDI related professional development; and providing information to the NAHPL Board regarding recommended future EDI efforts and initiatives. From their work, NAHPL, together with The National Center on Health, Physical Activity and Disability (NCHPAD), created several resources, trainings, and webinars related to adapted health and physical literacy. The results of this study will help identify areas that NAHPL should prioritize to support EDI efforts within the organization and subsequently in the professional development offerings provided by The Academy for health and physical literacy professionals.

2. METHODS

2.1 Participants

Approximately 250 NAHPL members received the survey via email. In addition, approximately 120 other health and physical professionals received the survey via QR code during professional development conferences in 2022

and 2023. The survey was also advertised and made available via NAHPL and NCHPAD social media channels including Twitter, Facebook, and Instagram. Ultimately, a total of 85 individuals completed the instrument.

2.2 Survey Development

A pilot survey was initially disseminated at the Southern Tier Leadership Development Conference (LDC) in Oklahoma City, Oklahoma in 2022. After receiving feedback from survey participants, the pilot instrument was subsequently edited to address ambiguous questions and terminology. After the pilot, the final instrument was disseminated via email to all NAHPL members; via NAHPL and NCHPAD social media channels; and in person via QR code at the following professional development meetings:

- Oklahoma AHPERD Convention – 2022
- Alabama AHPERD Convention – 2022
- NAHPL Southern Tier Summit in Birmingham in 2023
- NAHPL Summit in Rhode Island in 2023
- Southern Tier LDC in Baton Rouge in 2023

The survey was adapted from national surveys including: Diversity and Inclusion surveys: What are they and why does every business need them? (Bhat, 2024), and 34 Survey Questions for Teachers and Staff About Equity, Inclusion, and Cultural Competency (Buckle, 2024) and was created by NCHPAD. The survey questions were submitted for review to the NAHPL Equity and Diversity Committee. Individuals on this committee have extensive experience in leading efforts conducive to creating welcoming environments that are aligned with EDI initiatives in higher educational settings. Their suggestions and feedback provided guidance to ensure that questions included in the final survey addressed the informational gaps related to EDI understanding from NAHPL members. NCHPAD received approval from the NAHPL Board of Directors, the NAHPL EDI Committee, and the NAHPL Adapted Health and Physical Literacy Committee before administering the survey. NCHPAD created a marketing document with a QR code and social media-friendly posts to share the survey with health and physical literacy professionals. The survey was also shared through NAHPL emails, social media posts, and newsletters. In addition, several health, physical, education, recreation, and dance (HPERD) state professional organizations disseminated the survey to their members. NCHPAD and NAHPL leaders worked together to develop a presentation that would introduce equity, diversity, and inclusion through education, guided discussion, and a diversity activity. The presentation was first piloted with leaders at the 2022 NAHPL Southern Tier Leadership Conference in Oklahoma and then adapted and refined for presentations at the 2023

NAHPL Southern Tier Summit in Alabama and the national Summit in Rhode Island in 2023. The QR Code was provided at each presentation for individuals to complete the survey before the guided discussion and activity sessions. The survey was closed in May 2023.

The survey's goal was to identify how health and physical literacy professionals viewed equity, diversity, and inclusion; knowledge of policies related to EDI in their place of employment, and their perceived support for EDI initiatives in their workplace. Demographic data collected included sexual orientation, religious affiliation, disability, gender identity, and race to assess diversity within our organization.

2.3 Statistical Analysis

SurveyMonkey was used to collect information regarding the following: gender identity; sexual orientation; racial/ethnic identity; disability status; age; primary language; language spoken at home; age range served in current position; religious affiliation; sameness of equity, diversity, and inclusion; diversity within the workplace; policies regarding EDI in the workplace; and how the respondent received the survey (means of dissemination). All responses in SurveyMonkey were downloaded into Excel.

Axial coding was used to categorize themes from the responses for open-ended questions. Each response was evaluated to determine where patterns of similar responses existed. Then, responses were coded and quantified by theme to obtain meaning from the data. The qualitative coding process follows that which was outlined by Patton (2015).

3. RESULTS

A total of 93 health and physical literacy professionals responded to the survey; however, some questions were left unanswered by participants. Tables 1-8 provide demographic data of those who responded to the survey, including gender identity; sexual orientation; racial or ethnic identity; disability status; age; primary language; language spoken at home; age range served in current position; and religious affiliation. Tables 9-10 provide data regarding equity, diversity, and inclusion. Table 11 addresses how individuals received the survey.

Table 1
Gender Identity and Sexual Orientation

Gender Identity (n=89)	Responses	%	Sexual Orientation (n=93)	Responses	%
Woman	63	70.79%	Heterosexual or straight	49	52.69%
Man	18	20.22%	Lesbian	10	10.75%
Genderqueer or non-binary	1	1.12%	Gay	6	6.45%
Agender	0	0.00%	Bisexual	4	4.30%
Transgender	1	1.12%	Pansexual	3	3.23%
Prefer not to respond	2	2.25%	Queer	3	3.23%
Other	2	2.25%	Asexual	3	3.23%
Skipped	2	2.25%	Other	2	2.15%
			Prefer not to answer	8	8.60%
			Skipped	5	5.38%
Total	89	100.00%	Total	93	100.00%

Table 2

Racial or Ethnic Identity

What is your racial or ethnic identity? Select all that apply	Responses (n=93)	Percentage (%)
African-American/Black	9	9.68
East Asian	1	1.08
Hispanic	5	5.38
Middle Eastern	0	0.00
American Indian/Alaskan	4	4.30
Pacific Islander	0	0.00
South Asian	1	1.08
Southeast Asian	1	1.08
White	62	66.67
Prefer not to answer	5	5.38
Other (please specify)	0	0.00
Skipped	5	5.38
Total	93	100.00

Table 3

Disability Status

I identify as a...	Responses (n=87)	Percentage (%)
Person with a disability or chronic condition	15	17.24
Prefer not to respond	6	6.90
None of the above	62	71.26
Skipped	4	4.60

Total	87	100.00
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Table 4

Age (years)

Age Range	Responses (n=87)	Percentage (%)
18-25	5	5.75
26-39	16	18.39
40-59	44	50.57
60+	17	19.54
Skipped	5	5.75
Total	87	100.00

Table 5

Primary Language

Language(s) Spoken at Home (n=85)	Responses	%
English only	80	91.95%
English + learning another language	0	0.00%
Skipped	7	8.05%
Total	87	100.00%

Table 6

Language Spoken at Home

Response	n	%
English only	72	84.71%
English + another language	6	7.06%
Skipped	7	8.24%
Total	85	100.00%

Table 7

Age Range Served by Current Employer

What age range do you currently work with in your position? Select all that apply	Responses (n=198)	Percentage (%)
Infant/Toddler	7	3.54
Children (Elementary)	32	16.16
Pre-teen (Intermediate)	25	12.63
Teenagers (Jr. High/High School)	23	11.62
Future Professionals (College)	39	19.70
Young Professionals (5 or fewer years in profession)	20	10.10
Professionals (6 years in the profession)	25	12.63

Active Aging (Over 60)	17	8.59
Skipped	10	5.05
Total	198	100.00

Table 8

Religious Affiliation

Do you identify with any of the following religions? Select all that apply	Responses (n=87)	Percentage (%)
Protestantism	7	8.05
Catholicism	10	11.49
Christianity	41	47.13
Judaism	0	0.00
Islam	0	0.00
Buddhism	0	0.00
Hinduism	0	0.00
Native American	0	0.00
Inter/Non-denominational	4	4.60
No religion	16	18.39
Other (please specify)	3	3.45
Skipped	6	6.90
Total	87	100.00

Table 9

Sameness of Equity, Diversity, and Inclusion

Do you think that equity, diversity, and inclusion are all the same?	Responses (n=87)	Percentage (%)
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Yes	6	6.90
No	66	75.86
Not sure	8	9.20
Skipped	7	8.05
Total	87	100.00

Of the 85 respondents, the majority were white, heterosexual females who were between the ages of 40-59, not disabled, and spoke English as their native language; and identified as Christian. There was much greater variability in terms of the age range respondents currently work within their place of employment. Of the participants, 19.7% worked with college-aged individuals, while 16% worked with elementary school age children.

After the demographic questions, respondents were then asked to respond to questions related specifically to equity, diversity, and inclusion. The following tables depict how respondents defined constructs such as EDI, and what their respective workplaces can do to support a diverse group of individuals as it relates to ethnicity, gender identity, age, disability, sexual orientation, education, and religion. Most of the respondents (76%) believed that the constructs of EDI are not the same, while 9.2% were not sure, and 6.9% viewed EDI as the same constructs.

Table 10

Diversity and Belonging in the Workplace

Response Category	My workplace: addresses a diverse group (e.g. ethnicity, gender identity, age, disability, sexual orientation, education, religion, etc.).	My workplace: has policies in place that create a sense of belonging for every student (e.g. ethnicity, gender identity, age, disability, sexual orientation, education, religion, etc.)
Yes	48.28%	40.23%
No	4.60%	2.30%
Somewhat	21.84%	24.14%
I am not sure/don't know	1.15%	6.90%
Clarifying comment	-	2.30%
Skipped	24.14%	24.14%

Table 11

Survey Distribution Method

How did you receive this survey?	Responses (n=87)	Percentage (%)
Email	31	35.63
Social Media	17	19.54
State Conference	6	6.90
Regional Conference	2	2.30
National Conference	3	3.45
Other (please specify)	2	2.30

Skipped	21	29.89
Total	87	100.00

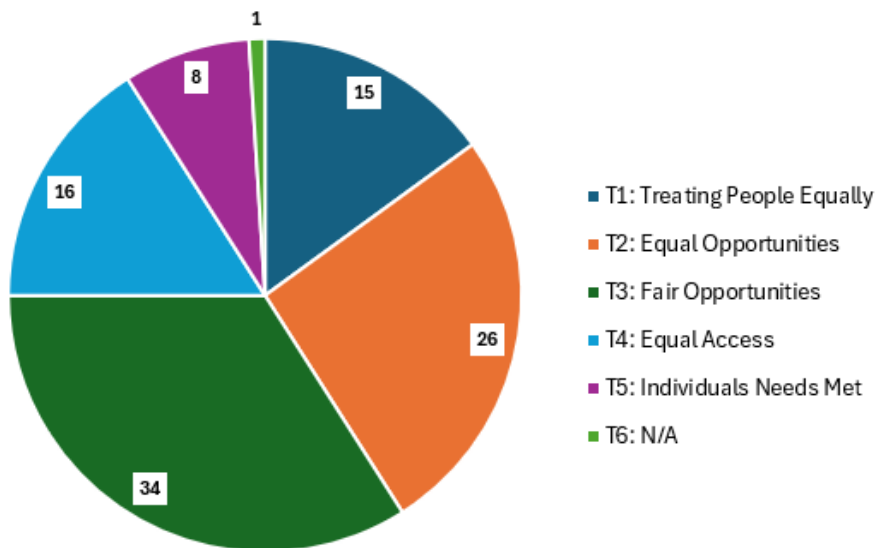
From the data in Tables 7-8, it was evident that the majority of participants believed that equity, diversity, and inclusion are not the same constructs (75.86%). Approximately 7% of participants believed they were the same constructs, and 9.20% were unsure. Many participants (48.28%) believed that their workplace addressed a diverse group and 21.84% said their workplace somewhat addressed a diverse group of individuals. Overall, (40.23%) participants generally believed that their workplace had policies in place that created a sense of belonging, while 24.14% of participants believed that their workplace somewhat had policies in place that created a sense of belonging.

Figures 1-4 below identify responses related to the participants definition of "equity"; definition of "diversity"; definition of "inclusion"; and their suggestions for the most important thing their current employer can do to support a diverse group of individuals.

Figure 1

Personal Definitions of Equity (n=63)

Q11: What is your personal definition of Equity?

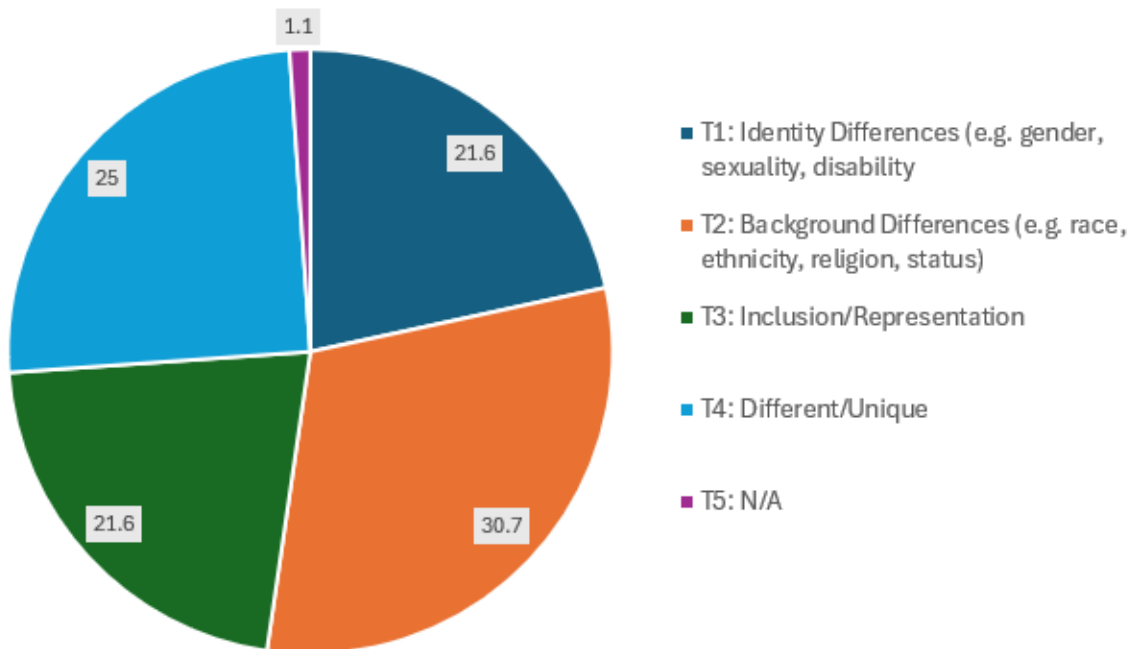


There were a variety of responses selected on how participants defined equity. Some believed equity is treating people equally (15%), whilst others believed it is giving equal (26%), or fair opportunities (34%). Others believed equity is giving every person equal access to resources (16%), or having individual needs met, tailored to, or creating accommodations when needed (8%). The minority of responses believed that the options given did not fit their personal definition of equity (1%).

Figure 2

Personal Definitions of Diversity (n=61)

Q12: What is your personal definition of Diversity?

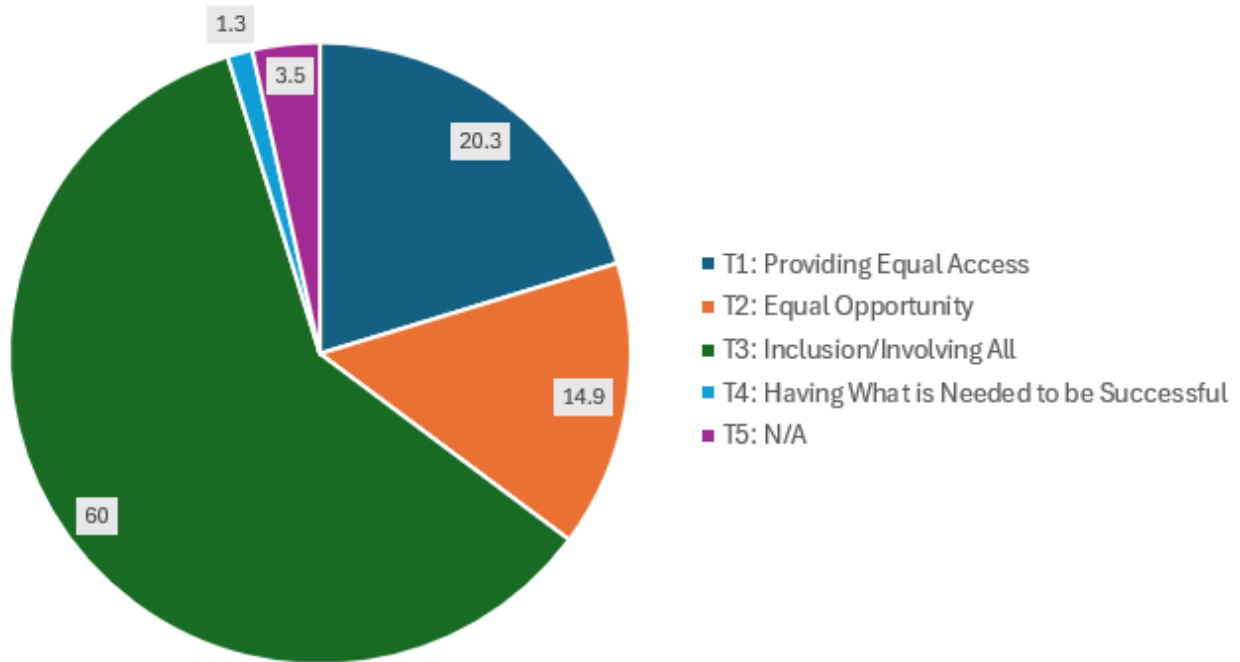


A large percentage defined diversity to include and have representation of individuals based on socially constructed characteristics (e.g. gender, sexuality) (21.6%), and to be inviting and inclusive to all (21.6%). The majority thought that diversity is based on background or demographic differences (e.g. race, ethnicity, religion) (30.7%) while many mentioned being accepting of people and places that are diverse (25%). A minority of participants believed that their personal definition of diversity was in none of the choices provided (1.1%).

Figure 3

Personal Definitions of Equity (n=63)

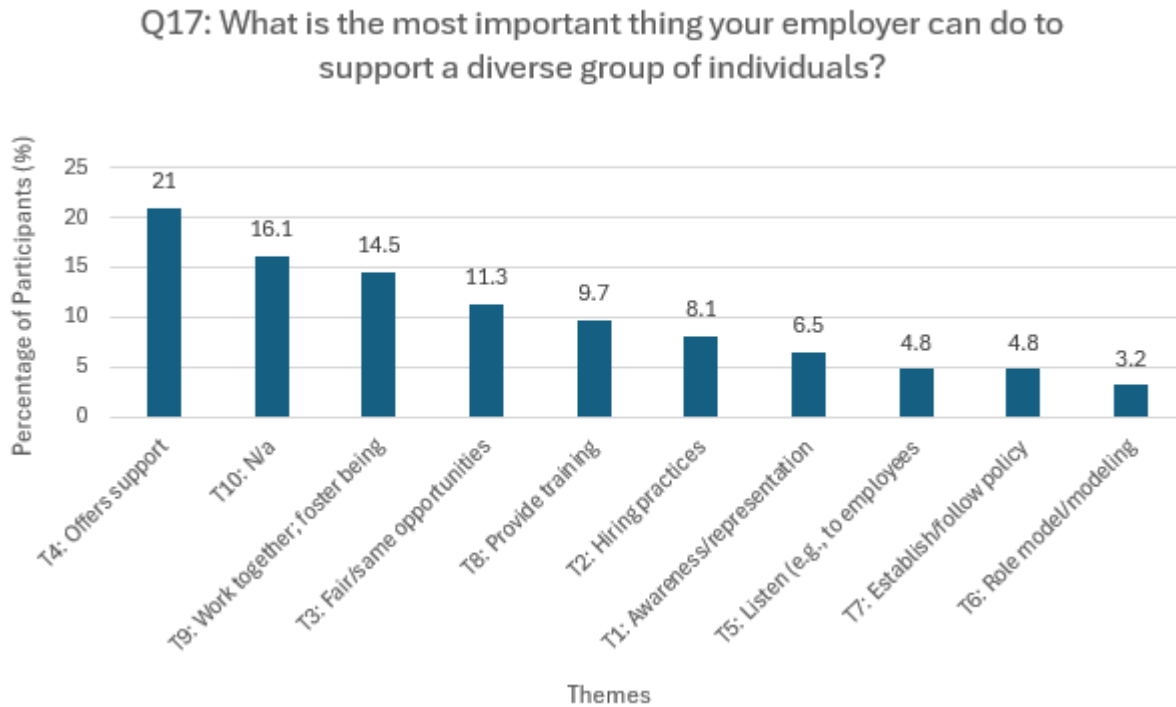
Q13: What is your personal definition of Inclusion?



Most participants stated that their definition of inclusion is involving all, embracing diversity, and incorporating everyone no matter the differences (60%). Some believed in providing every person the same resources and tools (20.3%) and to give everyone support and a chance to succeed (14.9%). Fewer participants selected having what is needed to be successful (1.3%) or felt like their definition of inclusion was not included in the choices given (3.5%).

Figure 4

Diversity in the Workplace (n=62)



What is the most important thing your employer can do to support a diverse group of individuals (e.g. ethnicity, gender, age, disability, sexual orientation, education, religion, etc.)?

A greater proportion of participants reported that the most important things an employer can do to support a diverse group of individuals are: offering support (21%), by promoting a cohesive, fostering a team environment, and cultivating cooperative and collaborative skills among employees (14.5%). Some participants stated that they believed their employer can support a diverse group of individuals was not included in the choices given (16.1%). Others said that they believed it is important for employers to give fair treatment with no favoritism or judgement (11.3%), delivering education to staff on supporting diversity (9.7%), or recruiting and embracing a diverse range of employees (8.1%). A smaller pool of participants believed that the employer should build awareness and representation in the workplace with ensuring individuals of all backgrounds have the opportunity to make meaningful contributions in the workplace (6.5%). Others thought that being active listeners to employee needs (4.8%), having regulations and procedures in place to support employees (4.8%), or leading by example (3.2%) was also important.

Participants differed in definitions of equity with the majority of respondents defining equity as “fair” (34%) or “equal” (26%) opportunities. Diversity was defined mostly as differences in background (30.7%), different/unique (25%), with inclusion/representation (21.6%), and identity differences following closely behind (21.6%). The majority of participants (60%) defined inclusion as inclusion/involving all. 20.3% of participants believe that inclusion is providing equal access while 14.9% believed it is giving equal opportunity. Participants indicated that they believed the most important thing their employer can do to support a diverse group of individuals is to offer support (21%), and work together, foster being a team, and support inclusivity (14.5%).

4. DISCUSSION

The purpose of this study was to gain a deeper understanding of health and physical literacy professionals’ viewpoints as they relate to equity, diversity, and inclusion in their respective work environments. Additionally, it was important to investigate if those viewpoints align with the definitions of EDI as provided by The Academy. The data yield important information that can help with providing needed resources for members, as well as information to help with retention and recruitment of members of all backgrounds and ability levels (Yeo & Jeon, 2023). Participants in this study provided both demographic information aligned with several EDI constructs and information regarding their knowledge and understanding of these areas. The responses differed by participant as all individuals have lived through varying experiences and with different levels of exposure to EDI concepts, as noted by the Society for Diversity (n.d.).

The Academy defines as “providing fairness in opportunities for all members.” When sorting open-ended responses to the prompt *what is your personal definition of equity*, five major themes were found, while 1% of responses did not align with the data. 60% of individual respondents noted that equal and fair opportunities define equity (Q11; themes 2 and 3), which closely aligns with The Academy’s definition. Additionally, 8% of respondents stated that equity is about meeting the needs of the individual (Q11; theme 5). One key finding discovered by the qualitative analysis was 57% of individuals used the word *equal* in their definitions (Q11; themes 1, 2, and 4), reflecting a distinction from the concept of equity. This confusion represents a critical gap in professional understanding and should be addressed through targeted training for members.

When sorting open-ended responses for diversity definitions, four major themes were found while 1.1% of responses did not align with any theme. The Academy defines diversity as acknowledging, supporting, and

valuing differences. Individual responses aligned greatly with The Academy's definition as 77.3% (Q12; themes 1, 2, and 4) of individuals noted the word *different* or *differences* in their personal definitions. Several responses included specific demographic information to further explain differences between individuals. Many of the definitions included key words not necessarily about defining diversity, but instead ensuring how an organization can be diverse. Respondents noted that *including, inviting, involving, and accepting* individuals are key factors for this area of the EDI triad.

The third open-ended question regarding these constructs on the survey asked individuals to *define inclusion*. The Academy defines it as providing access to opportunities and resources for individuals as their authentic selves. Four major themes were found, where 1.3% of responses did not fit into any theme. Interestingly, most of the definitions duplicate themes found for other constructs. For example, *providing equal access and equal opportunity* were themes provided for equity, while *involving all/inclusion* was also found for the inclusion construct. Though the concept of success was noted for the theme of equal opportunities under the definition of equity, for inclusion, it is its own theme. Respondents noted this area is needed so all individuals have what they need to achieve their desired outcome.

After respondents were asked to define these constructs, they were asked how their employers could best support diverse groups of individuals. Nine major themes were found, while several responses (16.1%) did not fit into an overall theme. The recommendations provide employers with clear guidelines and suggestions from policy to practice, starting with establishing clear procedures that support the hiring, training, and consistency for a diverse workforce. Once onboarded, staff should receive additional encouragement and continued training with attention, administration and peer modeling, and team development. Finally, there should be a continuous push for representation and education for all team members.

Though EDI policies and initiatives continue to develop and evolve across numerous fields, there is a need for organizations like The Academy to not only define EDI, but to engage with stakeholders making sure member needs are met. Much of the information gleaned from this survey aligns with The Academy's EDI definitions and core values, however there are some differences, varying viewpoints and understanding of these constructs, and misalignment between organization and membership. This information is essential for The Academy to educate board members and other entities.

When we began this project, we were guided by a clear vision and set of goals focused on equity, diversity, and inclusion (EDI) within the Academy. Since then, shifts in the broader administrative landscape have significantly impacted many of our members. The data we've gathered has provided valuable insights, allowing us to take a more comprehensive view and identify meaningful opportunities for growth. As we move forward, we remain committed to supporting our members by thoughtfully navigating evolving state and federal guidelines, while continuing to advance our EDI efforts.

5. CONCLUSIONS

Findings from this study highlight the importance of EDI initiatives for health and physical literacy and underscore the need for continued learning and growth in these areas. Although there are parallels between the Academy's definitions and that of HP 2030, HP 2030 represents health equity specifically, while the definition of NAHPL represents all areas of EDI and are representative of members and lay people within the organization.

The bulleted list below suggests several practical implications and strategies related to the importance of EDI initiatives and what this means for The Academy.

1. **Representation and Access:** EDI initiatives help to ensure diverse representation within the health and physical literacy workplace. Understanding the importance of representation and access will help NAHPL and NCHPAD ensure that leadership demographics match our membership. This approach enhances accessibility to services and programs for all individuals, regardless of background.
2. **Cultural Competence:** Promoting EDI fosters cultural competence among all individuals. Health and physical literacy professionals who are culturally competent are better able to understand and meet the needs of diverse populations, thereby improving the quality of their educational materials and overall experience for their clients, students, members, and constituents.
3. **Inclusive Programming:** EDI initiatives encourage the development of inclusive programming that accommodates different abilities, body types, and cultural practices. This approach creates welcoming environments where everyone feels valued and respected. EDI initiatives need to have a targeted focus related to individuals with disabilities as most EDI plans often neglect to include policies, training, and practices related to disability inclusion and accessibility.

4. **Health Equity:** By addressing disparities and barriers a strong EDI plan will contribute to promoting health equity. An EDI plan aims to reduce inequalities in access to fitness and wellness opportunities, improving public health outcomes. This ensures health equity is a major component of promoting health literacy within our membership and the communities we serve.
5. **Membership Development:** EDI initiatives support the recruitment and retention of a diverse membership in professional organizations and corporations alike. This enriches organizational perspectives, enhances innovation in program development, and fosters a supportive workplace culture. These initiatives in K-12 schools, college/universities, dance and sport venues, and other related fields promote a sense of belonging for faculty, staff, students, and other professionals while demonstrating that all individuals deserve, and will receive respect.
6. **Community Engagement:** Organizations with robust EDI plans actively engage with diverse communities, building trust and establishing meaningful partnerships. This relationship building strengthens their impact and relevance within the broader community.
7. **Compliance and Ethical Standards:** Implementing EDI plans ensures compliance with legal requirements related to diversity and inclusion. It is vital to uphold ethical standards by promoting fairness, respect, and equality in all organizational practices.

EDI initiatives are integral to all areas of health literacy and physical literacy as they strive to create inclusive environments, improve service delivery, promote equity, and empower individuals to achieve their health and wellness goals regardless of background or identity.

What does this mean for NAHPL? The information collected in the survey helped to capture the thoughts, knowledge, and understanding of health and physical literacy professionals. The results provided a guide for the NAHPL EDI Committee to move forward and recommend developing a comprehensive training program. The training will help to ensure cultural competence among health and physical literacy professionals, as well as organizing presentations, workshops, and speakers promoting health equity and inclusive programming.

Below is a proposal offering a structured approach that health and physical literacy leaders and professionals can follow to reach this goal of developing a comprehensive EDI training program:

1. **Needs Assessment and Goal Setting**

- **Assess Current State:** Conduct a survey or interview to understand current levels of cultural competence and awareness among target audience.
- **Identify Goals:** Define specific goals for the training program, such as increased understanding of cultural diversity, improved inclusive practices, enhanced leadership in equity initiatives, etc.

2. Curriculum Development

- **Core Competencies:** Outline the essential cultural competencies required (e.g. awareness, knowledge, skills, attitudes).
- **Topics to Cover:**
 - Understanding EDI principles.
 - Cultural humility and sensitivity in interactions.
 - Addressing biases and stereotypes.
 - Strategies for creating inclusive environments.
 - Incorporating health equity into programming.
 - Legal and ethical considerations in EDI policies.
- **Resource Materials:** Compile relevant articles, case studies, and videos for participants to review.

3. Training Delivery Methods

- **Workshops and Seminars:** Schedule interactive sessions facilitated by EDI experts or trained facilitators.
- **Guest Speakers:** Invite speakers with expertise in cultural competence, health equity, and inclusive programming.
- **Online Modules:** Develop e-learning modules for flexible “on demand” access to training materials.
- **Peer Learning:** Encourage discussions and sharing of experiences among participants.

4. Evaluation and Feedback

- **Pre-Training Assessment:** Conduct a baseline assessment of participants' knowledge and attitudes as it relates to EDI.
- **Post-Training Evaluation:** Measure outcomes using surveys or quizzes to gauge knowledge retention and attitude changes.

- Feedback Mechanism: Gather feedback to continuously improve the training program.

5. **Integration into Organizational Practices**

- Policy Development: Incorporate learning into EDI policies and practices.
- Leadership Commitment: Ensure leadership commitment to, and participation in, ongoing training.
- Inclusive Programming: Apply principles of health equity and inclusive practices in all organizational activities.
- Community Engagement: Extend EDI efforts beyond the organization to engage with diverse communities.

6. **Sustainability and Continuous Learning**

- Ongoing Training: Offer refresher courses and advanced workshops to deepen understanding. Allow employees to become “peer leaders” through advanced workshop participation.
- Learning Communities: Establish forums or discussion groups for ongoing dialogue on EDI topics.
- Partnerships: Collaborate with external organizations focused on EDI and health equity for broader impact.

7. **Communications and Visibility**

- Internal Communication: Regularly communicate updates and successes related to EDI efforts.
- External Outreach: Highlight organizational commitment to EDI in public communications and outreach materials.

8. **Monitoring and Accountability**

- Metrics and Indicators: Establish measurable goals to track progress on EDI initiatives.
- Accountability Structures: Assign responsibility for EDI goals and monitor compliance.

By implementing a structured training program, all workplaces can foster a practice of cultural competence, equity, diversity, and inclusion. This will not only enhance organizational reputation but also positively impact

community relationships and personal and professional development. Continuous adaptation and improvement of these practices will ensure long-term success in meeting ethical standards and compliance measures related to EDI.

The survey showed us that many individuals defined EDI in similar ways even though they indicated in a separate question that these constructs were different. In addition, the survey identifies that many had policies in place within their workplace but typically focused on only one area such as race. Seeing how others defined equity, diversity, and inclusion can help guide the work of not only the NAHPL EDI Committee, but all health and physical literacy professionals.

The survey provided key areas to develop resources, training, and education related to EDI. The partnership between NAHPL and NCHPAD, allowed both groups to gain knowledge related to EDI while also understanding that disability and adaptations are often not included in EDI plans. Examination of the data collected in this survey shows that organizational efforts to advance EDI work in the health and physical literacy spaces could benefit from working in areas such as:

1. Advocacy (policies that are diverse and represent your population)
2. Education (Early Childhood, K-12 and Higher Education; and how each is important and the purpose of each)
3. Trainings (open and accepting, showing how we are all diverse yet connected)

The Academy has two committees working to ensure that areas of concern are addressed and to continue this conversation on a national level. The NAHPL EDI Committee will continue to define, train, and conduct workshops as they promote The Academy's definition of equity, diversity, and inclusion, and strive to be fully inclusive. The Adapted Health and Physical Literacy Committee will ensure accessibility is in every aspect of their work (e.g., all Summit sessions have an accessibility component). Another goal is to develop an adapted health education curriculum for dissemination. Working together, NAHPL and NCHPAD look forward to working with professionals and constituents from all backgrounds and ability levels, ensuring that our commitment to equity, diversity, and inclusion is both meaningful and action oriented, now, and in the future.

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6.2 Conflict of Interest (de-identify in blinded manuscript)

There are no conflicts of interest.

6.3 Contribution of Authors (exclude in blinded manuscript)

KL: Manuscript preparation, manuscript editing; survey development

CB: Manuscript preparation, manuscript editing

PE: Manuscript preparation, manuscript editing; survey dissemination

AM: Manuscript preparation, manuscript editing; survey dissemination

JT: Manuscript preparation, manuscript editing

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